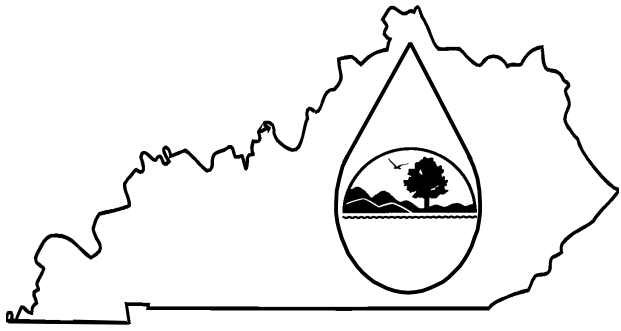


# KPDES FORM NOI-CAFO



## Kentucky Pollutant Discharge Elimination System (KPDES)

### Notice of Intent (NOI)

### General Permit for Animal Feeding Operations which are classified as Concentrated Animal Feeding Operations

#### I. Facility Operator Information (Mailing Address)

Name		Phone	
Address			Status of Owner/Operator
City, State, Zip Code			

#### II. Facility/Site Location Information

Name					
Address					
City, State, Zip Code					
County		Latitude (d/m/s)		Longitude (d/m/s)	

#### III. Site Activity Information

A. Type and number of animals in open and housed.

Type of Animals (include approximate live weight per animal)	Number in Open Confinement	Number Housed Under Roof

B. Number of acres for confinement feeding \_\_\_\_ acres.

Number of acres for land application of waste \_\_\_\_ acres.

C. If there is open confinement, has a runoff diversion and control system been constructed?

☐ Yes (Complete 1, 2, & 3) ☐ No (Go to Item D)

1. What is the design basis for the control system?

☐ 10-Year, 24-Hour Storm (specify inches)

☐ 25-Year, 24-Hour Storm (specify inches)

☐ Other (specify inches) \_\_\_\_ (type)

2. Report the number of acres of contributing drainage \_\_\_\_ (acres)

3. Report the design safety factor \_\_\_\_ (safety factor)

- D. Receiving water body should a discharge of wastewater occur
- E. The following items shall be attached to this form:
1. A signed certification statement indicating the facility is in compliance with all applicable setback features.
  2. A waste management plan indicating the amount of waste generated and how it is to be used.
- F. Method of Waste Storage  
(Holding Pond, Holding Tank, Stack Pad, etc.)

Comments:

<b>IV. WHERE TO SUBMIT</b>
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Signed copies of this form must be submitted to the following address:

Inventory and Data Management Section Supervisor  
 KPDES Branch, Division of Water  
 14 Reilly Road/Frankfort Office Park  
 Frankfort, Kentucky 40601  
 Telephone: (502) 564-3410

<b>Attach a U.S. Geological Survey 7 1/2 minute quadrangle map for the site with the facility clearly marked. USGS maps may be obtained from the Economic Development Cabinet, Map Sales Office, 133 Holmes Street, Frankfort, KY 40601. Phone (502) 564-4715.</b>
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<b>V. CERTIFICATION</b>
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I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

NAME AND OFFICIAL TITLE (type or print)	TELEPHONE NUMBER (area code and number)
SIGNATURE	DATE SIGNED

If according to 401 KAR 5:072 a second signature is necessary, please provide so here.

NAME AND OFFICIAL TITLE (type or print)	TELEPHONE NUMBER (area code and number)
SIGNATURE	DATE SIGNED

## INSTRUCTIONS FOR NOI-CAFO FORM

### GENERAL INFORMATION

Not all animal feeding operations (AFOs) are required to obtain KPDES permits. Only AFOs classified as Concentrated Animal Feeding Operations (CAFOs) are required to obtain KPDES permits. Exclusions are based on size. See the description of these regulatory exclusions in 401 KAR 5:060, Section 10 and 401 KAR 5:002, Section 1.

### SECTION I - FACILITY OPERATOR INFORMATION

Give the legal name of the person, firm, public organization, or any other entity that operates the facility or site described in this application. The name of the operator may or may not be the same as the name of the facility. The responsible party is the legal entity that controls the facility's operation, rather than the plant or site manager. Do not use a colloquial name. Enter the complete address and telephone number of the operator.

Enter the appropriate letter to indicate the legal status of the operator of the facility.

F = Federal	M = Public (other than federal or state)
S = State	P = Private

### SECTION II - FACILITY/SITE LOCATION INFORMATION

Enter the facility's or site's official or legal name and complete street address, including city, state, and ZIP code. Also list the county, the latitude, and longitude for the facility site.

### SECTION III - SITE ACTIVITY INFORMATION

- A. Give the maximum number of each type of animal in open confinement or housed under roof (either partially or totally) which are held at your facility for a total of 45 days or more in any 12 month period. Use the following categories for type of animals:  
  
Beef Cattle; Mature Dairy Cattle (milked or dry); Swine (each weighing over 55 pounds); and Poultry (laying hens or broilers).
- B. Give only the area used for the animal confinement and land application of waste. Do not include any area used for growing or operating feed.
- C. Check "yes" if any system for collection of runoff has been constructed. Supply the information under (1), (2), and (3) to the best of your knowledge.
- D. If the facility discharges directly to receiving water(s), enter the name of the receiving water.
- E. Attach a signed certification statement indicating the facility is in compliance with all applicable setback features. Also, attach the facility's waste management plan indicating the amount of waste generated and how it is to be utilized.
- F. Indicate the method used for storing animal waste and wastewater.

### SECTION IV - WHERE TO SUBMIT

Mail your application to the address indicated. Attach a U.S. Geological Survey (USGS) 7 ½ minute topographical quadrangle map(s) extending at least one mile beyond the property boundary of the facility. Mark the facility and the area used for land application of waste. You may be asked to provide additional information after your application is received.

### SECTION V - CERTIFICATION

The permit application must be signed as follows:

Corporation: by a principal executive officer of at least the level of vice president.  
Partnership or sole proprietorship: by a general partner or the proprietor, respectively.  
Municipality, state, federal, or other public agency: by either a principal executive officer or ranking elected official.